CITY OF COEUR D'ALENE
WASTEWATER UTILITY DEPARTMENT
CITY HALL, 710 E. MULLAN AVE.
COEUR D'ALENE, IDAHO 83814-3958
(208)769-2281– FAX (208)769-2338
765 W. Hubbard Ave.
Coeur d'Alene, ID 83814

WASTEWATER DISCHARGE PERMIT APPLICATION

PART A

Information provided in this application will be used for issuance of a Wastewater Discharge Permit by the City of Coeur d'Alene under City Code Chapter 13.20. Information on processing and compliance with standards is required to satisfy Federal General Pretreatment Regulations under 40 CFR 403.

BUSINESS NAME: _____

FACILITY ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

OWNER: _____ TITLE: _____ PHONE NO. _____

TYPE OF BUSINESS: _____

SIC CODE(S): _____

CHIEF EXECUTIVE OFFICER:

NAME: _____ TITLE: _____ PHONE NO. _____

EMAIL: _____

Is the officer identified above, the owner of the facility? YES [ ] NO [ ]

Designated facility contact:

NAME: _____

TITLE: _____

PHONE NO. _____ EMAIL: _____

Designated signatory authority of the facility: [Attach similar information for each authorized representative]

NAME: _____

TITLE: _____

PHONE NO. _____ EMAIL: _____

EMERGENCY CONTACT AFTER BUSINESS HOURS:

NAME: _____ TITLE _____ PHONE NO. _____

EMAIL _____

PART B

BUSINESS DESCRIPTION

B1. Business Activity - (Complete a separate PART B for each major business activity occurring on the premises.)

ACTIVITY: _____

TYPE OF PRODUCTS: _____

1. _____
2. _____
3. _____

Description of activities, facilities, and plant processes on the premises including all materials which are or could be discharged including cleanup chemicals and wash down water:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Indicate applicable Standard Industrial Classification (SIC) for all processes (If more than one applies, list in descending order of importance):

a. _____

b. _____

c. _____

d. _____

e. _____

B2. If your facility employs or will be employing processes in any of the industrial categories or business activities listed below (regardless of whether they generate wastewater, waste sludge, or hazardous wastes), place a check beside the category of business activity (check all that apply).

A facility with processes inclusive in these business areas may be covered by Environmental Protection Agency's (EPA) categorical pretreatment standards. These facilities are termed "categorical users."

Industrial Categories

[ ] * Aluminum Forming
[ ] Asbestos Manufacturing
[ ] Battery Manufacturing
[ ] * Can Making
[ ] Carbon Black
[ ] Coal Mining
[ ] * Coil Coating
[ ] * Copper Forming
[ ] * Electric and Electronic Components Manufacturing
[ ] * Electroplating
[ ] Feedlots
[ ] Fertilizer Manufacturing
[ ] * Foundries (Metal Molding and Casting)
[ ] Glass Manufacturing
[ ] Grain Mills
[ ] Inorganic Chemicals
[ ] * Iron and Steel
[ ] Leather Tanning and Finishing
[ ] * Metal Finishing
[ ] Nonferrous Metals Forming
[ ] Nonferrous Metals Manufacturing
[ ] Organic Chemicals Manufacturing
[ ] Pesticides Manufacturing
[ ] Petroleum Refining
[ ] Pharmaceutical
[ ] Plastic and Synthetic Materials Manufacturing
[ ] Plastic Processing Manufacturing
[ ] Porcelain Enamel
[ ] Pulp, Paper, and Fiberboard Manufacturing
[ ] Rubber
[ ] Soap and Detergent Manufacturing
[ ] Steam Electric
[ ] Sugar Processing
[ ] Textile Mills
[ ] Timber Products

* Subject to T.T.O. reporting requirements--See page 7.

B3. Production process is:

[ ] Batch [ ] Continuous [ ] Both _____% Batch _____% Continuous

PRODUCT VOLUME:

PRODUCT	PAST CALENDAR YEAR Amounts Per Day (Daily Units)		ESTIMATE THIS CALENDAR YEAR Amounts Per Day (Daily Units)	
Product or Brand name	Average	Maximum	Average	Maximum

B4. Have you been issued any Federal, State, or local environmental permits?

[ ] Yes
[ ] No

If yes, please list the permit(s):

_____
_____
_____
_____

B5. Facility Operational Characteristics

DISCHARGE PERIOD:	
Discharge occurs daily from ___ to _____ Circle the days of the week discharge occurs. S M T W T F S	Variation of operation indicates whether business activity is throughout the year or seasonal. Circle months during which discharge occurs. J F M A M J J A S O N D

EMPLOYEES PER SHIFT		
1ST SHIFT	2ND SHIFT	3RD SHIFT

SHIFT START AND END TIMES

1ST SHIFT	2ND SHIFT	3RD SHIFT
START:	START:	START:
END:	END:	END:

B6. Does operation shut down for vacation, maintenance, or other reasons?

[ ] Yes, indicate reasons and period when shutdown occurs:

_____

[ ] No

B7. List types and amounts (mass or volume per day) of raw materials used or planned for use (attach list if needed):

_____

_____

_____

_____

_____

B8. List types and quantity of chemicals used or planned for use (attach list if needed). Include copies of manufacturer's Material Safety Data Sheets for all chemicals identified:

CHEMICAL	QUANTITY

Facilities that checked activities in question B2 are considered Categorical Industrial Users and should skip to question 10.

B9. For Non-Categorical Users Only: List average wastewater discharge, maximum discharge, and type of discharge (batch, continuous, or both), for each plant process. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

No.	Wastewater Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

ANSWER QUESTIONS 10 AND 11 ONLY IF YOU ARE SUBJECT TO CATEGORICAL PRETREATMENT STANDARDS

B10. For Categorical Users: Provide the wastewater discharge flows for each of your processes or proposed processes. Include the reference number from the process schematic that corresponds to each process. [New facilities should provide estimates for each discharge].

No.	Regulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Unregulated Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

No.	Dilution Process	Average Flow (GPD)	Maximum Flow (GPD)	Type of Discharge (batch, continuous, none)

B11. For Categorical Users Subject to Total Toxic Organic (TTO) Requirements:

If your business is one of the * categories in B2, it is classified as a federal categorical industrial user subject to total toxic organic management requirements. To fulfill these requirements, you must disclose whether you use and discharge any of the products listed on Attachment A.

Industries that use any of these chemicals must test for them in their plant process effluent and submit the Total Toxic Organic (TTO) test results to the City to ensure compliance with federal pollutant regulations.

Industries that do not use or discharge any of the listed toxic organics are required to submit a solvent management plan (TOMP), along with a signed and dated statement verifying there is no dumping of any of these toxins from their process. A sheet outlining the information needed to be in a solvent management plan along with the verification statement that no discharging is taking place is enclosed.

Submit <u>either</u> a copy of current TTO test results <u>or</u> a Toxic Organic Management Plan (TOMP) with the signed verification to the City with your current permit renewal application.

Provide the following (TTO) information.

a. Does (or will) this facility use any of the toxic organics that are listed under the TTO standard of the applicable categorical pretreatment standards published by EPA?

[ ] Yes
[ ] No

b. Has a baseline monitoring report (BMR) been submitted which contains TTO information?

[ ] Yes
[ ] No

c. Has a toxic organics management plan (TOMP) been developed?

[ ] Yes (please attach a copy)
[ ] No

B12. Toxic Organic Management Plan (TOMP)

In accordance with CFR 413.03(b):

In requesting that no monitoring be required, industrial users of Publicly Owned Treatment Works (P.O.T.W.'s) shall submit for approval a Toxic Organic Management Plan (TOMP) that specifies to the control authority's satisfaction the following:

a. The toxic organic compounds used;

b. The method of disposal used instead of dumping, such as reclamation, contract hauling, or incineration;

c. Procedures for assuring that toxic organics do not routinely spill or leak into the wastewater.

B13. TTO Certification Statement

As CFR 413.03(a)

Based on my inquiry of the person or persons directly responsible for managing compliance with the pretreatment standard for total toxic organics (TTO), I certify that, to the best of my knowledge and belief, no dumping of concentrated toxic organics into the wastewaters has occurred since filing the last discharge monitoring report. I further certify that this facility is implementing the toxic organic management plan (TOMP) submitted to the control authority."

SIGNATURE: _____

TITLE: _____

COMPANY: _____

DATE: _____

PART C

WASTEWATER CONSTITUENTS

Purpose: To identify the characteristics of substances in the wastewater as a result of your operations.

Indicate with an (X) if any of the following constituents, characteristics, or substances is or can be present in your wastewater discharge as a result of your operations, or an accidental spill.

Indicate approximate quantities kept on site.

(X)	Quantity	(X)	Quantity	(X)	Quantity
[ ] ALGICIDES		[ ] FORMALDEHYDE		[ ] RADIOACTIVITY	
[ ] ALUMINUM		[ ] HYDROCARBONS		[ ] SELENIUM	
[ ] AMMONIA		[ ] IODIDE		[ ] SILVER	
[ ] ANTIMONY		[ ] IRON		[ ] SODIUM	
[ ] ARSENIC		[ ] LEAD		[ ] SOLVENTS	
[ ] BARIUM		[ ] MAGNESIUM		[ ] SULFATE	
[ ] BERYLLIUM		[ ] MANGANESE		[ ] SULFIDE	
[ ] BORON		[ ] MERCURY		[ ] SULFITE	
[ ] BROMIDE		[ ] MOLYBDENUM		[ ] SURFACTANTS	
[ ] CADMIUM		[ ] NICKEL		[ ] TEMP 140F +	
[ ] CALCIUM		[ ] OIL, MIN, ORIG.		[ ] TITANIUM	
[ ] CHLORINE		[ ] OIL TOTAL		[ ] TIN	
[ ] CHLORIDE		[ ] PESTICIDES		[ ] VANADIUM	
[ ] CHROMIUM		[ ] pH BASE		[ ] VOLATILE ACIDS	
[ ] COBALT		[ ] pH ACID		[ ] ZINC	
[ ] COPPER		[ ] PHENOLS		[ ] SAND or MUD	
[ ] CYANIDE		[ ] PHOSPHORUS		[ ] OTHER, describe	
[ ] FLUORIDE		[ ] POTASSIUM			

PART D

WATER SOURCE, USE, & DISPOSAL

PURPOSE: The water source and use information will enable the City to determine the volume and sources of wastewater discharge to the sewer system.

D1. Water Use and Disposition - Average quantity of water received and wastewater discharged daily.

Name on the water bill: _____

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Water service account number: _____

WATER USE	SOURCE	GAL/DAY	DISCHARGED TO	GAL/DAY
Sanitary				
Process				
Boiler				
Contact				
Cooling				
Non-contact cooling water				
Washing				
Irrigation				
Product				
Air pollution control				
Other				
TOTAL				

D2. Sewer information

a. <u>For an existing business</u>:

Is the building presently connected to the public sanitary sewer system?

[ ] Yes: Sanitary sewer account number _____

[ ] No: Have you applied for a sanitary sewer hookup? [ ] Yes [ ] No

b. <u>For a new business</u>:

(i) Will you be occupying an existing vacant building (such as in an industrial park)?
[ ] Yes [ ] No

(ii) Have you applied for a building permit if a new facility will be constructed?
[ ] Yes [ ] No

(iii) Will you be connected to the public sanitary sewer system?
[ ] Yes [ ] No

D3. Average daily wastewater flow rates, including daily, monthly, and seasonal variation, if any:

D4. Wastewater Pretreatment - Check the type of treatment given wastewater before it is discharged to the City sewer:

[ ] None	[ ] Holding Tank	[ ] Grease Trap	[ ] Oil/Sand Separator
[ ] Settling	[ ] Sedimentation	[ ] pH Adjustment	[ ] Biological Treatment
[ ] Screening	[ ] Chlorination	[ ] Precipitation	[ ] Flow equalization
[ ] Air flotation	[ ] Centrifuge	[ ] Cyclone	[ ] Filtration
[ ] Grinding filter	[ ] Grit removal	[ ] Ion exchange	[ ] Reverse osmosis
[ ] Ozonation	[ ] Sump	[ ] Septic tank	[ ] Solvent separation
[ ] Spill protection	[ ] Rainwater diversion or storage		

D5. Describe the loading rate, flow rate, design capacity, physical size, and operating procedures of each pretreatment facility checked above.

_____

_____

_____

_____

D6. Attach a process flow diagram for each existing treatment system. Include process equipment, by-product volumes, and design and operating conditions.

D7. Describe any changes in treatment or disposal methods planned or under construction for the wastewater discharge to the sanitary sewer. Please include estimated completion dates.

_____

_____

_____

D8. Do you have a treatment operator? [ ] Yes [ ] No

(if yes,) Name: _____

Title: _____

Phone: _____

Full time: _____ (specify hours)

Part time: _____ (specify hours)

D9. Do you have a manual on the correct operation of your treatment equipment?

[ ] Yes [ ] No

D10. Do you have a written maintenance schedule for your treatment equipment?

[ ] Yes [ ] No

D11. Wastewater discharge is:
[ ] Batch [ ] Continuous [ ] Both ____% Batch ____% Continuous

D12. Do you have, or plan to have, automatic sampling equipment or continuous wastewater flow metering equipment at this facility?

Current:	Flow Metering	[ ] Yes	[ ] No	[ ] N/A
	Sampling Equipment	[ ] Yes	[ ] No	[ ] N/A
Planned:	Flow Metering	[ ] Yes	[ ] No	[ ] N/A
	Sampling Equipment	[ ] Yes	[ ] No	[ ] N/A

If so, please indicate the present or future location of this equipment on the sewer schematic in Part E and describe the equipment below:

_____

_____

_____

_____

_____

D13. Are any process changes or expansions planned during the next three years that could alter wastewater volumes or characteristics? Consider production processes a well as air or water pollution treatment processes that may affect the discharge.
[ ] Yes
[ ] No, (skip question D14)

D14. Briefly describe these changes and their effects on the wastewater volume and characteristics: (Attach additional sheets if needed.)

D15. Are any materials or water reclamation systems in use or planned?

[ ] Yes

[ ] No, (skip question D16)

D16. Briefly describe recovery process, substance recovered, percent recovered, and the concentration in the spent solution. Submit a flow diagram for each process: (Attach additional sheets if needed.)

D17. If you dispose of screened or settled material, or chemical baths to the sanitary sewer, indicate the source, frequency of disposal, and how you dispose of it.

D18. Are any waste liquids or sludges generated and <u>not</u> disposed of in the sanitary sewer system?

[ ] Yes, please describe below

[ ] No, skip the remainder of Section D.

Waste Generated	Quantity (per year)	Disposal Method

D19. Indicate which wastes identified above are disposed of at an off-site treatment facility and which are disposed of on-site.

D20. If any of your wastes are sent to an off-site centralized waste treatment facility, identify the waste and the facility.

D21. If an outside firm removes any of the above checked wastes, state the name(s) and address(es) of all waste haulers:

a._____ b._____

_____ _____

_____ _____

Permit No. (if applicable): _____ Permit No. (if applicable): _____

If batch discharge occurs or will occur, indicate: [New facilities may estimate]

a. Number of batch discharges _____ per day

b. Average discharge per batch _____ (GPD)

c. Time of batch discharges _____ at _____
(day of week) (hours of day)

d. Flow rate _____gallons/minute

e. Percent of total discharge _____

PART E

SCHEMATIC FLOW DIAGRAM

PURPOSE: The schematic flow diagram shows flow pattern of products through the facility and the various sources of wastewater. This information will enable the City to assess the quality, volume, and peak flows of the discharge. For each major activity in which wastewater is or will be generated, draw a diagram of the flow of materials, products, water, and wastewater from the start of the activity to its completion, showing all unit processes. Indicate which processes use water and which generate waste streams. Include the average daily volume and maximum daily volume of each waste stream [new facilities may estimate]. If estimates are used for flow data this must be indicated. Number each unit process having wastewater discharges to the community sewer. Use these numbers when showing this unit processes in the building layout.

Site plans, floor plans, mechanical and plumbing plans and details to show all sewers, sewer connections, and appurtenances by the size, location, and elevation.

PLEASE SKETCH DETAILS OR SUBMIT SEPARATE PLANS...

BUILDING LAYOUT

PURPOSE: Draw to scale the location of each building on the premises. Show map orientation and location of all water meters, storm drains, numbered unit processes (from schematic flow diagram), public drains, public sewers, and each facility sewer line connected to the public sewers. Number each sewer and show existing and proposed sampling locations.

A blueprint or drawing of the facilities showing the above items may be attached in lieu of submitting a drawing on this sheet.

PART F

COMPLIANCE WITH PRETREATMENT STANDARDS

To complete this page it will be necessary to provide monitoring data from the user's wastewater streams. Samples must be taken in accordance with established procedure in line with 40 CFR 136. The sample(s) will be taken of processing effluent and will be taken at such time that will represent full operation of the user's facility. Once sampling results are available, the user will be responsible for completing this compliance report and submitting it to the City.

For renewal applications please submit a full copy of the most recent laboratory sampling report.

F1. Sampling results:

Pollutant	Daily Maximum mg/l	Lab result mg/l
Cd Cadmium		
Cr Chromium		
Cu Copper		
Pb Lead		
Ni Nickel		
Zn Zinc		
Cn Cyanide		
Hg Mercury		
Ag Silver		
As Arsenic		
Se Selenium		
pH		
Phenolic Compounds		

F2. Compliance certification:

a. Are all applicable Federal, State, or local pretreatment standards and requirements being met on a consistent basis?

[ ] Yes [ ] No [ ] Not yet discharging

b. If No:

1) What additional operations and maintenance procedures are being considered to bring the facility into compliance? Also, list additional treatment technology or practice being considered in order to bring the facility into compliance.

2) Provide a schedule for bringing the facility into compliance. Specify major events planned along with reasonable completion dates.

Milestone Activity	Completion Date

F3. **Spill prevention**

a. Do you have chemical storage containers, bins, or ponds at your facility?

[ ] Yes [ ] No

If yes, please give a description of their location, contents, size, type, and frequency and method of cleaning. Also indicate in a diagram or comment on the proximity of these containers to a sewer or storm drain. Indicate if buried metal containers have cathodic protection.

b. Do you have floor drains in your manufacturing or chemical storage areas(s)?

[ ] Yes [ ] No If yes; Where do they discharge to?

c. If you have chemical storage containers, bins, or ponds in manufacturing area, could an accidental spill lead to a discharge to: (Check all that apply).

[ ] an onsite disposal system

[ ] public sanitary sewer system (e.g. through a floor drain)

[ ] storm drain

[ ] to ground

[ ] other, specify: _____

[ ] not applicable, no possible discharge to any of the above routes

d. Do you have an accidental spill prevention plan (ASPP) to prevent spills of chemicals or slug discharges from entering the Control Authority's collection system?

[ ] Yes - **[Please enclose a copy with the application]**

[ ] No

[ ] N/A, Not applicable since there are no floor drains and/or the facility discharge(s) only domestic wastes

e. Please describe below any previous spill events and remedial measures taken to prevent their reoccurrence.

PART G

AUTHORIZED REPRESENTATIVE STATEMENT

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name(s)_____ Title_____

Signature_____ Date_____ Phone_____

ATTACHMENT A

TOXIC ORGANICS LIST

The term "TTO" shall mean total toxic organics, which is the summation of all quantifiable values greater than 0.01 milligrams per liter for the following toxic organics:

Acenaphthene
Acrolein
Acrylonitrile
Benzene
Benzidine
Carbon tetrachloride (tetrachloromethane)
Chlorobenzene
1,2,4-trichlorobenzene
Hexachlorobenzene
1,2-dichloroethane
1,1,1-trichloroethane
Hexachloroethane
1,1-dichloroethane
1,1,2-trichloroethane
1,1,2,2-tetrachloroethane
Chloroethane
Bis (2-chloroethyl) ether
2-chloroethyl vinyl ether (mixed)
2-chloronaphthalene
2,4,6-trichlorophenol
Parachlorometa cresol
Chloroform (trichloromethane)
2-chlorophenol
1,2-dichlorobenzene
1,3-dichlorobenzene
1,4-dichlorobenzene
3,3-dichlorobenzidine
1,1-dichloroethylene
1,2-trans-dichloroethylene
2,4-dichlorophenol
1,2-dichloropropane
1,3-dichloropropylene (1,3-dichloropropene)
2,4-dimethylphenol
2,4-dinitrotoluene
2,6-dinitrotoluene
1,2-diphenylhydrazine
Ethylbenzene
Fluoranthene
4-chlorophenyl phenyl ether
4-bromophenyl phenyl ether
Bis (2-chloroisopropyl) ether
Bis (2-chloroethoxy) methane
Methylene chloride (dichloromethane)
Methyl chloride (chloromethane)
Methyl bromide (bromomethane)
Bromoform (tribromomethane)
Dichlorobromomethane
Chlorodibromomethane
Hexachlorobutadiene

Hexachlorocyclopentadiene
Isophorone
Naphthalene
Nitrobenzene
2-nitrophenol
4-nitrophenol
2,4-dinitrophenol
4,6-dinitro-o-cresol
N-nitrosodimethylamine
N-nitrosodiphenylamine
N-nitrosodi-n-propylamine
Pentachlorophenol
Phenol
Bis (2-ethylhexyl) phthalate
Butyl benzyl phthalate
Di-n-butyl phthalate
Di-n-octyl phthalate
Diethyl phthalate
Dimethyl phthalate
1,2-benzanthracene
(benzo(a)anthracene)
Benzo(a)pyrene (3,4-benzopyrene)
3,4-Benzofluoranthene
(benzo(b)fluoranthene)
11,12-benzofluoranthene
(benzo(k)fluoranthene)
Chrysene
Acenaphthylene
Anthracene
1,12-benzoperylene
(benzo(ghi)perylene)
Fluorene
Phenanthrene
1,2,5,6-dibenzanthracene
(dibenzo(a,h)anthracene)
Indeno (1,2,3-cd) pyrene)
(2,3-o-phenylene pyrene)
Pyrene
Tetrachloroethylene
Toluene
Trichloroethylene
Vinyl chloride (chloroethylene)
Aldrin
Dieldrin
Chlordane (technical mixture and metabolites)
4,4-DDT
4,4-DDE (p,p-DDX)
4,4-DDD (p,p-TDE)
Alpha-endosulfan
Beta-endosulfan
Endosulfan sulfate
Endrin
Endrin aldehyde
Heptachlor
Heptachlor epoxide
(BHC-hexachlorocyclohexane)
Alpha-BHC
Beta-BHC

Gamma-BHC
Delta-BHC
(PCB-polychlorinated biphenyls)
PCB-1242 (Arochlor 1242)
PCB-1254 (Arochlor 1254)
PCB-1221 (Arochlor 1221)
PCB-1232 (Arochlor 1232)
PCB-1248 (Arochlor 1248)
PCB-1260 (Arochlor 1260)
PCB-1016 (Arochlor 1016)
Toxaphene
2,3,7,8-tetrachlorodibenzo-
p-dioxin (TCDD)